

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10743576

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
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12	/	/				
13	/	/				
14	/	/				
15	/	/				
16	/	/				
17	/	/				
18	/	/				
19	/	/				
20	/	/				
21	/	/				
22	/	2				
23	/	2				
24	/	/				
25	/	/				
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28	/	/				
29	/	/				
30	/	/				
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37	/	/				
38	/	/				
39	/	/				
40	/	/				
41	/	/				
42	/	/				
43	/	/				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	42					
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						